

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County SEDGWICK	Township name ATTICA	Fraction NW1/4 SW1/4	Section number 34	Town number T 27S	Range number R 2W
Distance and direction from nearest town or city:				3 Owner of well: BLASI OIL COMPANY		
Street address of well location if in city: 1940 SO. 167TH W.				Address: 11209 WEST 54 HIGH WAY		
Locate with "X" in section below:		Wichita Sketch map: KANSAS		Wichita, KS.		67209
			4 Well depth: 100 ft. Date of completion: 11-22-74 Well diameter 1 1/2 in. 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary 6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> _____ 7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. 5 in. to 100 ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No ____ in. to ____ ft. depth			
2 Type and color of material			From	To		
CLAY			0	18		
FINE SAND			18	20		
BLUE SHALE			20	100		
8 Screen: Manufacturer PLASTIC <i>Rough Juice Set Stream</i> Type PVC Dia. 5" Slot/gauze .050 Length 70 Set between 30 ft. and 100 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 4 1/2 to 1/8"						
9 Static water level: 30 ft. below land surface Date 11-22-74						
10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.						
11 Water sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____						
12 Well head completion: capped <input type="checkbox"/> Pitless adapter 12 <input type="checkbox"/> inches above grade						
13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 0 ft. to 12 ft.						
14 Nearest source of possible contamination: NONE ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity ____ g.m.p. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other						
16 Remarks: elevation SEPTIC SYSTEM NOT IN WHEN DRILLED Well Drilled in open Field, Future Home site.						
17 Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. HARP WELLS PUMP 236 Business name _____ License No. _____ Address 215 So. TYLER Signed Mary Ornell Date 11-22-74 Authorized representative						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5